



# Fourth Street School

## Summer Club 2012 Enrollment Application

Session I (June 4<sup>th</sup> – June 29th)

Session II (July 9<sup>th</sup> – August 3rd)

### Basic Information

1. Child's Name \_\_\_\_\_ 2. Age: \_\_\_\_\_ 3. DOB \_\_\_\_\_
4. Child's Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
5. Child's Home Phone \_\_\_\_\_ 6. Child's School \_\_\_\_\_
7. Mother's Name \_\_\_\_\_ 8. Mother's work phone \_\_\_\_\_
9. Mother's Email \_\_\_\_\_
10. Father's Name \_\_\_\_\_ 11. Father's work phone \_\_\_\_\_
12. Father's Email \_\_\_\_\_
13. Referred by \_\_\_\_\_
14. Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_ Date of last physical \_\_\_\_\_

### Personal Data

1. Has your child been hospitalized in the past months?  yes  no. If yes, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Has your child previously experienced any serious illness or injuries?  yes  no  
If yes, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Is your child allergic to any foods? (list) \_\_\_\_\_  
\_\_\_\_\_
4. Does your child currently take any medications prescribed for long-term continuous use?  
 yes  no. If yes, please list type and frequency.

Type	Frequency
A. _____	_____
B. _____	_____
C. _____	_____
5. Please explain any concerns you have for your child and why you feel he/she should participate in Summer Club.  
\_\_\_\_\_



# Fourth Street School

## Respect Skills Questionnaire

During Summer Club we measure your child’s progress in the categories noted below. Please rate your child in these categories. Rank them:

1 - no problem

2 - some problem

3 - a lot of problem

- cooperative interaction with other children
- problem solving abilities
- shares feelings appropriately

- can calm self
- listens to adult instructions
- cooperative interactions with adults

### Authorization

I, \_\_\_\_\_, authorize representatives of Fourth Street School Summer Club to:

- a. Transport my child on any scheduled field trips.
- b. Take my child swimming on regularly scheduled water activity outings.
- c. Transport my child to (list preferred hospital) \_\_\_\_\_ in case of emergency. I also give my permission for representatives of FSS Summer Club to authorize (in my absences) emergency medical treatment at the above-designated hospital.
- d. Receive emergency medical treatment at Arlington Medical Association in the event that AMA is closer than my previously designated medical treatment facility.
- e. Videotape my child during Summer Club activities for training purposes.
- f. Photograph my child and picture to be used for publicity of Fourth Street School Summer Club.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Current Texas law requires that all children admitted to summer camps be immunized against Rubella, Rebeola, Diphtheria, Pertussis, Tetanus and Poliomyelitis. Please indicate the dates of your child’s last immunization:

DPT: \_\_\_\_\_ Booster: \_\_\_\_\_

Polio Series: \_\_\_\_\_ Booster: \_\_\_\_\_

Rubella: \_\_\_\_\_ Rubeola: \_\_\_\_\_ TB Test: \_\_\_\_\_ Results: \_\_\_\_\_

### My child can only be picked up by these people:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

### “Now What Do I Do?”

Once you have completed both sides of this enrollment application, send it back to Summer Club 2012, Fourth Street School, 6409 West Poly Webb Road, Arlington, Texas 76016 with a \$100.00 per session registration fee to hold your child’s spot on the Summer Club roster. This fee is non-refundable; however, the fee will be subtracted from your \$1,000.00 tuition. Once the enrollment form and registration fee are received, an information packet will be mailed to you.

### Questions

Call Fourth Street School: (817) 275-2314